LOCAL CHILD SUPPORT AGENCY COLLABORATION LIAISON

Due: June 15, 2001

NAME:					
TITLE: _			•		V-
AGENCY: _					
ADDRESS:					
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PHONE:					
E-MAIL:	· · · · · · · · · · · · · · · · · · ·	1172			
PLEASE MA	IL INFORMATI	ON TO:			
Office Califor P.O. E	Gershenzon, A of Research ai nia Departmen ox 419064, MS o Cordova, Ca	nd Program De it of Child Supp S-50	sign ort Services		N.
or E-MAIL:					
Ann.Fowler@	dcss.ca.gov				
or FAX:					
(916) 464-50	65				
QUESTIONS	?		•	•	
Please conta	ct Ann Fowler a	at (916) 464-50	32.		